

WEST VIRGINIA OFFICES OF THE INSURANCE COMMISSIONER
Commercial Automobile Insurance Review Standards Checklist

Commercial Auto		
FORMS		
Applications	REFERENCE	COMMENTS
Fee, filing	§33-6-34	The Filing Fee is \$100.00 per filing and applies on a per company basis.
Submission, filing	WVIL (Informational Letter) 163	All filings must be submitted through SERFF (System for Electronic Rate and Form Filing). Filing fees must be remitted via EFT (Electronic Funds Transfer) through SERFF.
Filing Standards	REFERENCE	COMMENTS
Filing Requirements	§33-6-8(a)	Must be filed with the commissioner, or conform to applicable rules approved by the commissioner.
Time	§33-6-8(b)(2)	Commercial Lines filings must be made prior to use.
Suggested Lead Time for filings	§33-6-8(b)(2)	Commercial insurance should be filed at least thirty days prior to either the effective date requested or to the date that our final disposition needs to be known.
Approval	§33-6-8(b)(2)	A Commercial Lines form filing becomes effective upon first use after filing if not disapproved by the Commissioner within 30 days of receipt.
Disapproval	§33-6-8(c)	The commissioner may at any time disapprove or withdraw an approval for a form. The commissioner shall state the grounds for withdrawal or disapproval.
Reasons for Disapproval	§33-6-9	Any form shall be disapproved under any of the following conditions: <ol style="list-style-type: none"> 1. The form is in violation of or does not comply with Chapter 33 of the West Virginia Code. 2. The form contains or references any inconsistent, ambiguous, or misleading clauses or exceptions and conditions which deceptively affect the risk purported to be assumed in the general coverage of the contract. 3. The form has any title, heading, or other indication of its provisions which is misleading. 4. The purchase of such policy is being solicited by deceptive advertising. 5. The benefits provided therein are unreasonable in relation to the premium charged. 6. The coverages provided therein are not sufficiently broad to be in the public interest.

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Basic Contents	§33-6-11	Must specify the names of the parties to the contract, the insurer's name, the subject of the insurance, the risks insured against, the time the insurance coverage becomes effective and the term during which such coverage continues, the premium, and the conditions pertaining to the insurance.
Additional Contents	§33-6-12	A policy may contain additional provisions if they are: 1. Consistent with Chapter 33. 2. Required to be inserted by the laws of the insurer's domicile. 3. Necessary, because of the manner in which the insurer is constituted or operated, in order to state the rights and obligations of the parties. 4. Desired by the insurer and not prohibited by law nor in conflict with any provisions required to be included therein.
Charter, Bylaws, Other Documents	§33-6-13	No policy shall contain any provision purporting to make any portion of the charter, bylaws, or other constituent document of the insurer a part of the contract unless such portion is set forth in the full policy.
Signature	§33-6-15	Every policy shall be executed in the name of and on behalf of the insurer by its officer, attorney-in-fact, employee, or representative duly authorized by the insurer.
Legal Action Against Insurer	§33-6-14	No policy may contain any condition, stipulation or agreement preventing the bringing of an action against the insurer for more than six months after the cause of action accrues or limiting the time within which an action may be brought to a period of less than two years from the time the cause of action accrues in connection with all insurances. Any such condition, stipulation or agreement shall be void, but this shall not affect the validity of the other provisions of the policy.
Payment of Loss Provisions	§114-14-6 (6.11)	Every insurer shall pay any amount finally agreed upon in settlement of all or part of any claim no later than 15 working days from the receipt of agreement by the insurer, or from the date of the performance by the claimant of any condition set by such agreement, whichever is later.
Arbitration and Appraisal Provisions	WVIL 119-B, §33-6-31(g), §114-63	Arbitration and appraisal provisions are not required but if they are included the language must be as favorable to the insured as that set forth in WVIL 119-B. Arbitration may not be required in Uninsured or Underinsured motorist's coverage.
Non-WV Laws	§33-6-14	No policy may contain any condition, stipulation or agreement requiring such policy to be construed according to the laws of any other state or country, except as necessary to meet the requirements of the motor vehicle financial responsibility laws or compulsory disability benefit laws of such other state or country.

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Motor Vehicle Liability Policy Contents	§17D-4-12, §33-6-29, §33-6-31, §114-63-3	<p>A motor vehicle liability policy (see references for more detail, especially §33-6-31):</p> <ol style="list-style-type: none"> 1. Shall designate by explicit description all vehicles with respect to which coverage is thereby granted. 2. Shall insure the person named and any other person against loss from the liability imposed by law for damages arising out of the ownership, operation, maintenance or use of the vehicle(s). Limits exclusive of interest and cost shall be \$20,000 for bodily injury to or death of one person in one accident, \$40,000 for bodily injury to or death of two or more persons in one accident, and \$10,000 for damage to or destruction of property of others in one accident. 3. Shall insure the person named against loss from liability for damages arising out of the use of any motor vehicle not owned the insured. 4. Shall state the name and address of the insured, the coverage afforded by the policy, the premium charged, the policy period, and the limits of liability, and shall contain an agreement or be endorsed that insurance is provided in accordance with the coverage defined in Chapter 17D of the WV Code. 5. Need not insure any liability under workers' compensation law on account of harm to an employee while engaged in the employment. 6. Shall be subject to the following which need not be included in the policy: <ol style="list-style-type: none"> a. The liability of the carrier shall become absolute whenever injury or damage covered by the policy occurs. The policy cannot be canceled or annulled by agreement between the insurer and the insured after the occurrence. No statement made by the insured or made on his behalf and no violation of the policy shall defeat or void the policy. b. The satisfaction by the insured of a judgment for such injury or damage shall not be a condition precedent to the right or duty of the insurance carrier to make payment on account of the injury or damage. c. The carrier shall have the right to settle any claim covered by the policy, and if such settlement is made, the amount shall be deductible from the limits of liability specified above. d. The policy, application, and any rider or endorsement shall constitute the entire contract between parties. 7. May also grant any lawful coverage in excess of or in addition to the coverage specified.. Any such excess coverage shall not be subject to the provisions of Chapter 17D of the WV Code. 8. May provide that the insured shall reimburse the carrier for any payment the carrier would not have been obligated to make under the terms of the policy except for the provisions of Chapter 17D of the West Virginia Code. 9. May provide for the prorating of the insurance thereunder with other valid and collectible insurance. 10. The requirements for a motor vehicle liability policy may be fulfilled by the policies of one or more insurance carriers which policies together meet the requirements. <p>Any binder issued pending policy issuance shall be deemed to meet the requirements for such a policy.</p>

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Uninsured/ Underinsured Policy Requirements	§33-6-31, WVIL 2, WVIL 2-A, WVIL 14, WVIL 53, WVIL 84, §114-63-4, §114-63-5	<p>Every policy shall contain an endorsement or provisions undertaking to pay the insured all sums which he shall be legally entitled to recover as damages from the owner or operator of an uninsured motor vehicle, within limits which shall be no less than the requirements of §17D-4-2.</p> <p>The policy shall provide an option to the insured with appropriately adjusted premiums to pay the insured all sums which he shall be legally entitled to recover as damages from the owner or operator of an uninsured motor vehicle up to an amount of \$100,000 because of bodily injury to or death of one person in one accident, in the amount of \$300,000 because of bodily injury to or death of two or more persons in one accident, and in the amount of \$50,000 because of injury to or destruction of property of others in one accident.</p> <p>Such endorsement or provisions may exclude the first \$300 of property damage resulting from the negligence of an uninsured motorist. The policy or contract shall provide an option to the insured with appropriately adjusted premiums to pay the insured all sums which he shall be legally entitled to recover as damages from the owner or operator of an uninsured or underinsured motor vehicle up to an amount not less than limits of bodily injury liability insurance and property damage liability insurance purchased by the insured without setoff against the insured's policy or any other policy.</p>
UM/UIM Offer Form (Primary)	§33-6-31d, WVIL 121	The insurer must provide forms to a named insured upon application for insurance by either hand delivery or by mail with the first premium notice to an insured, and upon the request of any insured for different coverage limits. The required form is provided in Informational Letter 121.
UM/UIM Offer Form (Excess)	§33-6-31f, WVIL 130	<p>Insurers issuing or providing liability policies that are of an excess or umbrella type shall offer uninsured and underinsured motor vehicle coverage on such policies in an amount not less than the amount of liability insurance purchased by the insured. The insured may decline any or all of this coverage. The required form is provided in Informational Letter 130.</p> <p>The forms must be provided by hand delivery or mail with the initial premium notice.</p> <p>The insurer shall make these forms available to any insured who requests different coverage limits.</p>
Certificate of Insurance	§91-13-8	According to legislative rule §91-13-8 a certificate of insurance is a form issued in duplicate by an insurer to an insured which meets the requirements of W.Va. Code §17D-2A-4 and as specified in Appendix A, which has been approved by the Department of Motor Vehicles.
DMV Notification	§17D-2A-5 §91-13-8	The insurance company must provide a notice of cancellation to the Department of Motor Vehicles within 10 days of the effective date of cancellation whenever the company issues or causes to be issued a cancellation at any time during the policy period. The information that must be listed on the notice to the DMV is contained in legislative rule §91-13-8 section 8.2. Appendix B also contains the required information.
Named Driver Exclusion Endorsement	§33-6-31(a), §114-63, §17D-4-12(f)(1)	Named driver exclusions must contain an exception for the minimum limits of financial responsibility.

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Trade practices	REFERENCE	COMMENTS
Unfair or Deceptive Practices	§33-11-4	<p>The following are defined as unfair methods of competition and unfair or deceptive acts or practices in the business of insurance (full definitions and explanations are available in the referenced sections):</p> <ol style="list-style-type: none"> 1. Misrepresentation and false advertising of insurance policies 2. False information and advertising generally 3. Defamation 4. Boycott, coercion and intimidation 5. False statements and entries 6. Stock operations and advisory board contracts as inducement to insurance 7. Unfair discrimination 8. Rebates 9. Unfair claim settlement practices 10. Failure to maintain complaint handling procedures 11. Misrepresentation in insurance applications 12. Failure to maintain privacy of consumer financial and health information
Standards for the Acknowledgment of Pertinent Communications	§114-14-5	<ol style="list-style-type: none"> 1. Acknowledgment of notices of claims – within 15 working days 2. Answer of inquiries from insurance department – within 15 working days 3. Replies to other pertinent communications – within 15 working days 4. Provisions of assistance to first party claimants – Provide necessary claim forms, instructions, and reasonable assistance within 15 working days of notification of a claim.

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Trade practices	REFERENCE	COMMENTS
Standards for Prompt Investigations and Fair and Equitable Settlements Applicable to All Insurers	§114-14-6	<p>All insurers must comply with the following (full explanations are available in the Regulation)</p> <ol style="list-style-type: none"> 1. Investigation of Claims – Investigation must commence within 15 working days of receiving notice of the claim. Must provide a notification of all items, statements and forms, if any, which the insurer reasonably believes will be required of the claimant within 15 working days of receiving notice of the claim. 2. Offers of Settlement – In cases where there is no dispute over coverage or liability, it is the duty of the insurer to offer claimants amounts which are fair and reasonable as shown by its investigation of the claim, providing the amounts offered are within policy limits and provisions. 3. Denial of Claims – No insurer shall deny a claim on the grounds of a specific policy provision, condition or exclusion unless reference to the provision, condition or exclusion is included in the denial. 4. Records of Denial of Claims – If a denial is made by any other means than writing, an appropriate notation shall be made in the claim file of the insurer. 5. Notice of Necessary Delay in Investigating Claims – If the insurer needs more time with a claim, it shall notify the claimant in writing within 15 working days after receipt of the proofs of loss. If the investigation remains incomplete, the insurer shall send notification to the claimant every 45 days thereafter until the investigation is completed. The letter shall contain a reason for additional time. 6. Liability of Others – Insurers may not refuse to settle claims on the basis that responsibility for payment should be assumed by others except as may otherwise be provided by policy provisions. 7. Denial of Claims for Failure to Exhibit Property – No insurer shall deny a claim for failure to exhibit the insured property without proof of demand by the insurer and refusal by the claimant to exhibit the property. 8. Separation of Claims – If there is no dispute as to one or more elements of a claim; payment for such element(s) shall be made notwithstanding the existence of disputes as to other elements of the claim if payment can be made without prejudice to either party. 9. Time for Payment of Claims – Insurers must pay the amount agreed upon no later than 15 working days from the receipt of the agreement or from the date of the performance by the claimant of any condition set by such agreement, whichever is later. 10. Notice of Applicable Time Limitations – No person shall negotiate for settlement of a claim with a claimant who is neither an attorney nor represented by an attorney without giving the claimant written notice that the claimant's rights may be affected by a statute of limitations or a policy or contract time limit. Such notice shall be given to first party claimants 30 days before, and to third party claimants 60 days before the date on which the time limit may expire. 11. Avoidance of Payment – Where liability and damages are reasonably clear, no person shall recommend that third party claimants make claim under their own policies solely to avoid paying claims under an insurer's insurance policy or insurance contract. 12. Unreasonable Travel – No person shall require a claimant to travel unreasonably to inspect a replacement motor vehicle, to obtain a repair estimate or to have the motor vehicle repaired at a specific repair shop.

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Claim settlement	REFERENCE	COMMENTS
Adjustment of Partial Losses	§114-14-7.3	<p>The following subdivisions shall govern the conduct of insurers in the adjustment of partial losses (full explanations are available in §114-14-7).</p> <ol style="list-style-type: none"> 1. Insurers shall include the insured's deductible in subrogation demands. Subrogation recoveries shall be shared on a proportionate basis with the insured, unless the deductible amount has been otherwise recovered. No deduction for expenses can be made from the deductible recovery unless an outside attorney is retained to collect such recovery. The deduction may then be for only a pro rata share of the allocated loss adjustment expense. 2. If an insurer prepares an estimate of the cost of the motor vehicle repairs, such estimate shall be in an amount for which it may be reasonably expected the damage can be satisfactorily repaired. The insurer shall give a copy of the estimate to the insured and may furnish the names of one or more conveniently located repair shops that will perform the repair for the amount tendered. 3. If the insurer intends to exercise its rights to inspect damages prior to repair, it shall have 7 working days from the date of receipt of notice of loss to inspect the insured's damaged motor vehicle at a place and time reasonably convenient to the insured. Also, negotiation shall begin and a good faith offer of settlement shall be made within the aforesaid 7 day period. 4. If the insured's motor vehicle is repaired at a shop of the insurer's choice for a reasonable sum, the insurer shall at no additional cost cause the damaged vehicle to be restored to the condition it was in prior to the loss if the recommended repair shop does not so repair the damaged vehicle. 5. Deductions for betterment and/or depreciation are permitted only for parts normally subject to repair and replacement during the useful life of the insured motor vehicle. These shall be limited to an amount equal to the proportion that the expired life of the part to be repaired or replaced bears to the normal useful life of that part. Calculations used must be included in the insurer's claim file. 6. Deductions for previous damage or prior condition must be measurable, discernible, itemized and specified as to dollar amount, and such deductions must be included in the claim file. 7. The insurer must mail or hand deliver proof of loss or payment within 10 working days after the insured has accepted the insurer's offer. <p>If the insurer does not perform its own physical inspection, it is still bound by all applicable requirements.</p>
Disclosure of Insurance Information	§33-6F-2	According to legislative rule §33-6F-2 certain policy information (name of insurer, each named insured, and policy limits) must be submitted if requested by claimant attorney.
Crash Parts	§46A-6B-3, §46A-6B-6, WVIL 97	No insurance company may require the use of aftermarket crash parts when negotiating repairs of the motor vehicle with any repairer for a period of three years, the year the motor vehicle was manufactured and the two succeeding years thereafter, unless the motor vehicle owner consents in writing at the time of the repair to the use of aftermarket crash parts. Certain manufacturers will not warrant used OEM parts when used for repairs.

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Repair Services	§33-6D-1, §33-6D-2	<p>No insurer may require the insured or any person making a claim to use a particular company or location in whole or in part.</p> <p>No insurer may engage in intimidation, coercion or threat for or against any insured or claimant to use a particular company or location in whole or in part. This shall not prohibit an insurer from entering into an agreement or arrangement with a company regarding automobile glass prices or services for the repair or replacement of automobile glass.</p>
Claim settlement	REFERENCE	COMMENTS
Adjustment of Total Losses	§114-14-7.4	<p>The following subdivisions shall govern the conduct of insurers in the adjustment of total losses:</p> <ol style="list-style-type: none"> 1. For a cash settlement: <ol style="list-style-type: none"> a. It must use the most recent publication of an "Official Used Car Guide" approved by the Commissioner as a guide for setting the minimum value of the motor vehicle. Any deviation downward must be supported by documentation that gives detailed information and must be measurable, itemized, specified, and appropriate in dollar amount. b. If the retail value of the vehicle is not published in the guide, the company must secure dealer quotations on the retail value of similar vehicles and base the settlement upon them. The offer must enable the insured to purchase a substantially similar vehicle for the settlement and any deviation from this practice must be supported by documentation about the condition of the vehicle. The source of the quotations must be maintained in the claim file. c. The company shall provide a reasonable written explanation to the concerned parties when case settlement offers are made. The explanation must specify the dollar amount of the base figure and identify the source. Any deviations from the base figure must be identified and explained. d. In addition to any cash settlement value agreed to, there must be added an amount of 5% to the cash settlement value, as reimbursement to the claimant for the excise tax imposed by the state. 2. If the insurer elects to replace the vehicle, the replacement vehicle must be an immediately available, substantially similar vehicle that is both furnished and paid for by the insurer, subject to the deductible. If the insured vehicle is a private passenger automobile of the current model year, meaning that it has not been superseded in the marketplace by an officially introduced succeeding model, the insurer shall utilize one of the following methods in the settlement of the loss, except where the method used would be detrimental to the interests of the insured compared with the methods described above:

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Adjustment of Total Losses	§114-14-7.4	<p>a. The insurer shall pay to the insured the reasonable purchase price on the date of loss of a substantially similar vehicle, less any applicable deductible and allowance for depreciation in accordance with an official used car guide which has been approved by the Commissioner and is used regularly by the insurer; or</p> <p>b. The insurer should furnish the insured with a substantially similar replacement vehicle, and charge the insured for any applicable deductible and for depreciation in accordance with the used car guide.</p> <p>3. If the insurer makes a deduction for the salvage value of the insured vehicle, the insurer must furnish the insured with the name and address of a salvage dealer who will purchase the salvage for the amount deducted.</p> <p>All applicable provisions of Adjustment of Partial Losses also shall apply to the adjustment of total losses, except that the insurer shall be allowed an additional five working days to comply with these requirements. Any letter of explanation or rejection of any element of a claim shall contain the identity and claims processing address of the insurer, the insured's policy number and the claim number.</p>
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Claims	REFERENCE	COMMENTS
Valuation	§33-6-33, §114-14-7, WVIL 55, 115, 123, 127, 143	A list of official used car guides is provided in the referenced Informational Letters.
Repair Estimates	§114-14-7.6	If an insurer requires that the insured obtain an estimate(s) of vehicle damage, the insurer must pay the reasonable charges of such estimates.
Notice of the Right to Reimbursement for Transportation Expenses	§114-14-7.7	In the event of the theft of the entire vehicle, the insurer shall advise the insured of his right to be reimbursed for transportation expenses at the time of notification of loss. This notification must be confirmed in writing immediately after receipt of notice of theft. All conditions and benefits related to this coverage as stated in the policy must be contained in the notification.
Financial Institutions	REFERENCE	COMMENTS
Product Tying	§33-11A-8	Cannot require or imply that purchase of an insurance product is required as a condition of the lending of money or extension of credit. Cannot offer an insurance product in combination with other products unless all the products are available separately from the institution.
Disclosures	§33-11A-9	<p>Must prominently disclose to customers, in writing, in clear and concise language, and orally during any customer contact, that insurance offered, recommended, sponsored, or sold:</p> <ol style="list-style-type: none"> 1. Is not a deposit; 2. Is not insured by the federal deposit insurance corporation or, where applicable, the National Credit Union Share Insurance Fund; 3. Is not guaranteed by any insured depository institution; and 4. Where appropriate, involves investment risk, including potential loss of principal. <p>Must disclose to customers in writing, in clear and concise language, that the insurance product may be purchased from an agent or broker of the customer's choice and that this will not affect the customer's credit relationship with the person.</p> <p>Must obtain a written acknowledgment by the customer of these disclosures, including the date of receipt and the customer's name, address, and account number, prior to or at the time of any application for insurance sold by the person.</p>
Insurance in Connection with a Loan	§33-11A-11	Credit and insurance transactions must be completed independently and through separate documents. A loan for premiums on required insurance shall not be included in the primary credit without the written consent of the customer.

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RATING		
Rate Filing	REFERENCE	COMMENTS
Fee, filing	§33-6-34	The Filing Fee is \$100.00 per filing and applies on a per company basis.
Submission, filing	WVIL (Informational Letter) 163	All filings must be submitted through SERFF (System for Electronic Rate and Form Filing). Filing fees must be remitted via EFT (Electronic Funds Transfer) through SERFF.
Basic Requirements	§33-20-4	Must file every manual of classifications, territorial rate areas established pursuant to §33-20-3(c)(2). Must file every manual, minimum, class rate, rating schedule or rating plan and every other rating rule and every modification of any of the foregoing which the insurer proposes to use for fire and marine insurance. Filing should state proposed effective date and indication of the character and extent of the coverage contemplated.
Filing abstract	§114CSR67	File Appropriate Abstract. Available in Regulations-Series 67. Appendix E (Loss Cost)- PCA-LCR-2009 and/or Appendix F (Rate/Rule)- PCA-R-2009
Exempt Lines from Filings	§33-20-4(a) (3)	Subject to §33-20-4(a)(4) and §33-20-4(a)(5) of this code and the requirements for ratemaking in §33-20-3 of this code, the following insurance coverages are exempt from rate-filing requirements under this article with respect to every manual, minimum, class rate, rating schedule, or rating plans, and every other rating rule and modification of any of the foregoing, whether the insurance coverage is endorsed to, or otherwise made part of, another kind of insurance policy or sold as a stand-alone policy: (R) All commercial lines insurance coverages not excluded under §33-20-4(a)(4) of this code when purchased by a commercial policyholder with aggregate annual commercial insurance premiums of \$25,000 or more excluding premiums for the types of insurance excluded under §33-20-4(a)(4) of this code; and (4) The exemptions from rate filing requirements in §33-20-4(a)(3) of this code are not applicable to the following kinds of commercial insurance: (C) Nonfleet commercial automobile liability policies covering four or fewer vehicles; (5) The commissioner may temporarily reinstate, for a period of no longer than one year, the requirement for rate filings for a specific insurance coverage set forth in §33-20-4(a)(3) of this code if, after a hearing, the commissioner makes a finding of fact that a reasonable degree of competition does not exist for that specific type of insurance coverage. The finding of fact by the commissioner must specify the relevant tests used to determine whether a lack of a reasonable degree of competition exists and the results thereof. In the absence of such findings of fact by the commissioner, a competitive market is presumed to exist.
Requirements	§33-20-4(h)	Must be filed with the commissioner prior to use.
Suggested Lead Time for filings	§33-20-4(h)	Commercial insurance should be filed at least thirty days prior to either the effective date requested or to the date that our final disposition needs to be known.

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Waiting Period	§33-20-4(h)	Commercial Lines rate filings become effective upon first use after filing if not disapproved by the Commissioner within 30 days of receipt.
Information for Support	§33-20-4(b)	Information furnished in support of a filing may include: 1. Experience or judgment of the insurer or rating organization making the filing 2. Experience or judgment of the insurer in the territorial rate areas established by §33-20-3(c)(2) 3. Interpretation of any statistical data relied upon 4. Experience of other insurers or rating organizations 5. any other relevant factors
Approval	§33-20-4(h)	After 30 days, a filed Commercial insurance rate is considered approved effective upon first use after filing. The preceding applies unless express approval or disapproval has been received from the commissioner. Note that when additional information is requested in support of a filing, the timing of the review period ceases until the requested information is provided.

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Rate Filing	REFERENCE	COMMENTS
Disapproval	§33-20-5	The commissioner may at any time after notice and hearing disapprove or withdraw a previous rate approval.
Reasons for Disapproval	§33-20-5	If a filing does not meet all requirements, the commissioner will send notice of and reason for disapproval. If at any time after the review period a filing is found not to meet all requirements, an order specifying a reason and a date when the filing is no longer effective. Any person, insurer, or rating organization may demand a hearing in response to a disapproval.
Requirements	REFERENCE	COMMENTS
Provisions for Rate Making	§33-20-3, §33-20-17	All rates shall be made in accordance with the following provisions: 1. Due consideration must be given to past and prospective loss experience, to catastrophe hazards, to dividends, to past and prospective expenses, and to all other relevant factors within and outside West Virginia. 2. Rates must not be excessive, inadequate or unfairly discriminatory. 3. Manual, minimum, class rates, rating schedules or rating plans shall be made and adopted. 4. Systems of expense provisions may differ from those of other insurers to reflect the requirements of the insurer. 5. Risks shall be grouped by classifications and territorial areas to measure differences among risks that can be demonstrated to have an effect upon losses or expenses: Such standards shall include the establishment of at least seven territorial rate areas within the state: Territorial rate areas established by an insurer may differ from those of other insurers.
Consent-to-Rate Approval	WVIL 40	Any rate in excess of an approved rate filing must be filed with and approved by the Insurance Commission. Consent-to-Rate filings must comply with the following: 1. All applications must be on an exact copy of the form provided in <i>WVIL 40</i> . 2. The original application form must be signed in ink by both the producing agent and the insured. 3. The insured's complete address, telephone number and the exact property location must be indicated. 4. Both the existing approved and the requested rates must be indicated. If Consent-to-Rate is disapproved, the approved rate becomes applicable. 5. The specific reason(s) for Consent-to-Rate must be given in detail. 6. The completed original and one copy must be submitted to the Rates and Forms Division of the West Virginia Insurance Commission <u>10 days prior</u> to the effective date of the coverage.

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Requirements	REFERENCE	COMMENTS
Rating Organizations	§33-20-4(c)	An insurer may, but is not required to, satisfy its obligation to make certain filings by becoming a member of or a subscriber to a licensed rating organization which makes such filings on its behalf and by authorizing the commissioner to accept such filings.
Filing Requirements for Members of Rating Organizations	§33-20-7(b) WVIL 54	<p>If a member or subscriber deviates in any way from the approved rating organization filing, the insurer must make written application to the commissioner for permission to file a deviation from the class rates, schedules, rating plans or rules respecting any kind of insurance, or class of risk within a kind of insurance or a combination thereof. This application must specify the basis for modification and a copy must also be sent simultaneously to such rating organization. The commissioner will give consideration to the available statistics and the applicable principles for rate making as provided in §33-20-3. Initial or amended loss cost multipliers or modifiers must be filed independently.</p> <p>The following will be considered deviations:</p> <ol style="list-style-type: none"> 1. Use of rates higher or lower than those approved for the rating organization. 2. Non-adoption of an approved rating organization filing. 3. Delay in the implementation of an approved rating organization filing. 4. Modification of a deviation currently in use.
Handicapped Non-discrimination	§33-6-31b	No insurer may discriminate in any manner on the basis of a physical handicap in determining rates.
Uninsured Motorist	§33-6-31a	Rates charged for minimum required UM coverage shall be separate from the rates for the optional limits.